

# AMENDED STATEMENT OF PARTNERSHIP AUTHORITY CONNECTICUT PARTNERSHIP

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

<b>Space for Office Use Only</b>	<b>Filing Fee: \$75.00</b>	<b>Make Checks Payable To "Secretary of the State"</b>
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<b>1. NAME OF THE PARTNERSHIP AS IT APPEARS ON THE RECORDS OF THE SECRETARY OF THE STATE:</b>
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<b>2. THE PARTNERSHIP'S STATEMENT OF PARTNERSHIP AUTHORITY IS AMENDED AS FOLLOWS:</b>
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Please reference an 8 1/2 X 11 attachment if additional space is required

**EXECUTION: (By at least two partners)**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I hereby declare under the penalties of false statement that the statements made in the foregoing document is true.

3. Print or type name of signatory	4. Capacity of signatory	5. Signature